

<i>SERFF Tracking Number:</i>	<i>BERK-125934278</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Riverport Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>RIC-2008-AR-190</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Human Services Program</i>		
<i>Project Name/Number:</i>	<i>Equipment Breakdown/RIC-2008-AR-190</i>		

## Filing at a Glance

Company: Riverport Insurance Company	SERFF Tr Num: BERK-125934278	State: Arkansas
Product Name: Human Services Program	SERFF Status: Closed	State Tr Num: EFT \$50
TOI: 01.0 Property	Co Tr Num: RIC-2008-AR-190	State Status: Fees verified and received
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
Filing Type: Form	Authors: Terry McClellan, Danelle Campbell	Disposition Date: 12/19/2008
	Date Submitted: 12/18/2008	Disposition Status: Approved
Effective Date Requested (New): 07/01/2009		Effective Date (New): 07/01/2009
Effective Date Requested (Renewal): 07/01/2009		Effective Date (Renewal): 07/01/2009
State Filing Description:		

## General Information

Project Name: Equipment Breakdown	Status of Filing in Domicile: Authorized
Project Number: RIC-2008-AR-190	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 12/19/2008	Deemer Date:
State Status Changed: 12/19/2008	
Corresponding Filing Tracking Number:	
Filing Description:	

This filing is for a new optional endorsement, RPCP 72 20 10 08, Equipment Breakdown Enhancement Endorsement, for Riverport's Human Services Program. Please refer to the Cover Letter for details.

SERFF Tracking Number: BERK-125934278 State: Arkansas  
Filing Company: Riverport Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: RIC-2008-AR-190  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Human Services Program  
Project Name/Number: Equipment Breakdown/RIC-2008-AR-190

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - BRAC01)

Terry McClellan, Product Development Analyst tmccllellan@riverportinsurance.com

222 South Ninth Street, Suite 1300 (612) 766-3337 [Phone]

Minneapolis, MN 55402-3332 (612) 766-3397[FAX]

### Filing Company Information

Riverport Insurance Company

CoCode: 36684

State of Domicile: Minnesota

222 South Ninth Street, Suite 1300

Group Code: 98

Company Type:

Minneapolis, MN 55402-3332

Group Name: W. R. Berkley

State ID Number:

Corporation

(612) 766-3100 ext. [Phone]

FEIN Number: 41-1654112

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## Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: \$50.00 per form filing.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Riverport Insurance Company	\$50.00	12/18/2008	24613495

<i>SERFF Tracking Number:</i>	<i>BERK-125934278</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Riverport Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>RIC-2008-AR-190</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Human Services Program</i>		
<i>Project Name/Number:</i>	<i>Equipment Breakdown/RIC-2008-AR-190</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	12/19/2008	12/19/2008

*SERFF Tracking Number: BERK-125934278*

*State: Arkansas*

*Filing Company: Riverport Insurance Company*

*State Tracking Number: EFT \$50*

*Company Tracking Number: RIC-2008-AR-190*

*TOI: 01.0 Property*

*Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)*

*Product Name: Human Services Program*

*Project Name/Number: Equipment Breakdown/RIC-2008-AR-190*

## **Disposition**

Disposition Date: 12/19/2008

Effective Date (New): 07/01/2009

Effective Date (Renewal): 07/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	BERK-125934278	State:	Arkansas
Filing Company:	Riverport Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	RIC-2008-AR-190		
TOI:	01.0 Property	Sub-TOI:	01.0001 Commercial Property (Fire and Allied Lines)
Product Name:	Human Services Program		
Project Name/Number:	Equipment Breakdown/RIC-2008-AR-190		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Equipment Breakdown Enhancement Endorsement	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>BERK-125934278</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Riverport Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>RIC-2008-AR-190</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Human Services Program</i>		
<i>Project Name/Number:</i>	<i>Equipment Breakdown/RIC-2008-AR-190</i>		

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Equipment Breakdown Enhancement Endorsement	RPCP 7220	10 08	Endorsement New/Amendment/Conditions			RPCP 72201008.pdf

# RIVERPORT INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## EQUIPMENT BREAKDOWN ENHANCEMENT ENDORSEMENT

This Endorsement modifies and is subject to the insurance provided under one or more of the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM  
CAUSES OF LOSS - SPECIAL FORM

Read the entire endorsement carefully to determine rights, duties and what is and is not covered.

### BUILDING AND PERSONAL PROPERTY COVERAGE FORM

#### A. Coverage

##### 4. Additional Coverages

With respect to the coverage provided by this endorsement, the following is added to Paragraph **A.4.d., Pollutant Clean Up and Removal**:

##### d. Pollutant Clean Up and Removal

We will pay for the Pollutant Clean Up and Removal for loss resulting from an "Equipment Breakdown". The most we will pay for the Pollutant Clean Up and Removal is \$250,000 unless a higher limit is provided by an endorsement to the property form for which this endorsement is attached. In that case, whichever limit is greater will apply.

This Additional Coverage does not apply to costs to test for, monitor or assess the existence, concentration or effects of "pollutants". But we will pay for testing which is performed in the course of extracting the "pollutants" from the land or water.

The following **Additional Coverages** are added:

##### g. Expediting Expenses

We will pay for the expediting expense loss resulting from an "Equipment Breakdown" with respect to your damaged Covered Property. We will pay the reasonable extra cost to:

- (1) Make temporary repairs;
- (2) Expedite permanent repairs; and
- (3) Expedite permanent replacement

Reasonable extra cost shall mean "the extra cost of temporary repair and of expediting the repair of such damaged equipment of the insured, including overtime and the extra cost of express or other rapid means of transportation." This will be a part of and not an addition to the limit per loss.

##### h. Refrigerant Contamination

We will pay the loss from contamination by refrigerant used in refrigerating, cooling or humidity control equipment at the described premises as a result of an "Equipment Breakdown".

The most we will pay for loss or damage under this coverage is \$250,000 unless a higher limit is provided by an endorsement to the property form for which this endorsement is attached. In that case, whichever limit is greater will apply.

##### i. Spoilage

We will pay for loss of perishable goods due to spoilage resulting from lack of power, light, heat, steam or refrigeration caused by an "Equipment Breakdown" to types of property covered by this policy, that are:

- (1) Located on or within 1,000 feet of your described premises; and
- (2) Owned or used by you, the building owner at your described premises, or owned by a public utility.

However, we will not pay for any loss, damage, cost or expense directly caused by, contributed to by, resulting

# RIVERPORT INSURANCE COMPANY

from or arising out of the following causes of loss:

Fire, lightning, combustion explosion, windstorm or hail, weight of snow, ice or sleet, falling objects, smoke, aircraft or vehicles, riot or civil commotion, vandalism, sinkhole collapse, volcanic action, leakage from fire extinguishing equipment, water, water damage, earth movement or flood.

The most we will pay for loss or damage under this coverage is \$250,000 unless a higher limit is provided by an endorsement to the property form for which this endorsement is attached. In that case, whichever limit is greater will apply.

## **j. CFC Refrigerants**

We will pay for the additional cost to repair or replace Covered Property because of the use or presence of a refrigerant containing CFC (chlorofluorocarbon) substances.

Additional costs mean those in excess of what would have been required to repair or replace covered property, had no CFC refrigerant been involved. We also pay for additional loss as described under the Spoilage or Loss of Income Coverages provided by this endorsement, caused by the presence of a refrigerant containing CFC substances.

We pay no more than the least of the following:

- (1) The cost to repair the damaged property and replace any lost CFC refrigerant;
- (2) The cost to repair the damaged property, retrofit the system to accept a non-CFC refrigerant, and charge the system with a non-CFC refrigerant; or
- (3) The cost to replace the system with one using a non-CFC refrigerant.

## **k. Computer Equipment**

We will pay for loss or damage to your "computer equipment" caused by an "Equipment Breakdown".

"Computer equipment" means Covered Property that is electronic computer or other data processing equipment, including peripherals used in conjunction with such equipment, and electronic media and records.

## **l. Service Interruption**

Any insurance provided for Business Income or Extra Expense is extended to apply to your loss, damage or expense caused by an "Equipment Breakdown" to equipment that is owned by a utility, landlord or other supplier, with whom you have a contract to supply you with any of the following services: electrical power, waste disposal, air conditioning, refrigeration, heating, natural gas, compressed air, water, steam, internet access, telecommunications services, wide area networks or data transmission. The equipment must meet the definition of "Equipment Breakdown" except that it is not Covered Property.

## **m. Valuable Papers and Records – Cost of Research Valuable Papers and Records (Other Than Electronic Data)**

We will pay for your reasonable and necessary cost to research, replace and restore the lost information on electronic media and records as a result of an "Equipment Breakdown".

This will be part of and not an addition to the limits provided by the "valuable papers and records" coverage under the property form to which this endorsement is attached.



# RIVERPORT INSURANCE COMPANY

## F. Additional Conditions

The following **Additional Conditions** are added:

### 3. Suspension

Whenever Covered Property is found to be in, or exposed to, a dangerous condition, any of our representatives may immediately suspend the insurance against loss to that Covered Property for the perils covered by this endorsement. Coverage can be suspended and possibly reinstated by delivering or mailing a written notice of suspension / coverage reinstatement to:

- (a) Your last known address; or
- (b) The address where the property is located.

If we suspend your insurance, you will get a pro rata refund of premium. But the suspension will be effective even if we have not yet made or offered a refund.

### 4. Jurisdictional Inspections

If any Covered Property under this endorsement requires inspection to comply with state or municipal boiler and pressure vessel regulations, we agree to perform such inspection on your behalf. We do not warrant that conditions are safe or healthful.

### 5. Environmental, Safety and Efficiency Improvements

If Covered Property requires repair or replacement due to an "Equipment Breakdown", we will pay your additional cost to replace with equipment that is better for the environment, safer, or more efficient than the equipment being replaced.

However, we will not pay more than 125% of what the cost would have been to repair or replace with like kind and quality. This Condition does not apply to any property to which Actual Cash Value applies.

## H. Definitions

The following **Definitions** are added: "Equipment Breakdown".

4. "Equipment Breakdown" as used herein means:

a. Physical loss or damage both originating within:

(1) Boilers, fired or unfired pressure vessels, vacuum vessels, and pressure piping, all normally subject to vacuum or internal pressure other than static pressure of contents, excluding:

- a. waste disposal piping;
- b. any piping forming part of a fire protective system;
- c. furnaces; and
- d. any water piping other than:

(1) boiler feed water piping between the feed pump and the boiler;

(2) boiler condensate return piping; or

(3) water piping forming part of a refrigerating or air conditioning system used for cooling, humidifying or space heating purposes.

(2) All mechanical, electrical, electronic or fiber optic equipment; and

b. Caused by, resulting from, or consisting of:

(1) Mechanical breakdown;

(2) Electrical or electronic breakdown; or

(3) Rupture, bursting, bulging, implosion, or steam explosion.

However, "Equipment Breakdown" will not mean:

# RIVERPORT INSURANCE COMPANY

Physical loss or damage caused by or resulting from any of the following; however if loss or damage not otherwise excluded results, then we will pay for such resulting damage:

- (1) Wear and Tear;
- (2) Rust or other corrosion, decay, deterioration, hidden or latent defect, mold or any other quality in property that causes it to damage or destroy itself;
- (3) Smog;
- (4) Settling, cracking, shrinking or expansion;
- (5) Nesting or infestation, or discharge or release of waste products or secretions, by birds, rodents or other animals;
- (6) Any accident, loss, damage, cost, claim, or expense, whether preventative, remedial, or otherwise, directly or indirectly arising out of or relating to the recognition, interpretation, calculation, comparison, differentiation, sequencing, or processing of data by any computer system including any hardware, programs or software;

- (7) Scratching and marring;
- (8) Loss, damage, cost or expense directly caused by, contributed to by, resulting from or arising out of the following causes of loss:  
  
Fire, lightning, combustion explosion, windstorm or hail, weight of snow, ice or sleet, falling objects, smoke, aircraft or vehicles, riot or civil commotion, vandalism, sinkhole collapse, volcanic action, leakage from fire extinguishing equipment, water, water damage, earth movement or flood.

## **CAUSES OF LOSS - SPECIAL FORM**

### **A. Covered Causes of Loss**

**Covered Causes of Loss** also means "Equipment Breakdown".

### **B. Exclusions**

All **Exclusions** and limitations apply except:

- a. B.2.a., B.2.d. (6) and B.2.e;
- b. Limitations C.1.a. and C.1.b.

### **G. Definitions**

The following is added to the "Specified Causes of Loss" definition:

"Specified Causes of Loss" also means "Equipment Breakdown".

<i>SERFF Tracking Number:</i>	<i>BERK-125934278</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Human Services Program</i>		
<i>Project Name/Number:</i>	<i>Equipment Breakdown/RIC-2008-AR-190</i>		

## Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>BERK-125934278</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Riverport Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>RIC-2008-AR-190</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Human Services Program</i>		
<i>Project Name/Number:</i>	<i>Equipment Breakdown/RIC-2008-AR-190</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	12/19/2008
<b>Comments:</b>				
<b>Attachments:</b>				
	F777AR(190).pdf			
	F778AR(190).pdf			

<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b>	Approved	12/19/2008
<b>Comments:</b>				
<b>Attachment:</b>				
	Cover Letter F _190_.pdf			

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3. Group Name</b>	<b>Group NAIC #</b>
N/A	98

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Riverport Insurance Company	Minnesota	36684	41-1654112	

<b>5. Company Tracking Number</b>	RIC-2008-AR-190
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Teresa L. McClellan, 222 South Ninth Street, Suite 1300, Minneapolis, MN 55402-3332	Product Development Analyst	1-888-762-3083 1-612-766-3337	1-612-766-3860	<a href="mailto:tmcclellan@riverportinsurance.com">tmcclellan@riverportinsurance.com</a>

<b>7. Signature of authorized filer</b>	
<b>8. Please print name of authorized filer</b>	Teresa L. McClellan

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	01.0 Property
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	01.0001 Commercial Property (Fire and Allied Lines)
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12. Company Program Title</b> (Marketing title)	Human Services Program
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 7/1/2009                      Renewal: 7/1/2009
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	12/18/2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

**20. This filing transmittal is part of Company Tracking #** RIC-2008-AR-190

**21. Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

This filing is for a new optional endorsement, RPCP 72 20 10 08, Equipment Breakdown Enhancement Endorsement, for Riverport's Human Services Program. Please refer to the Cover Letter for details.

**22. Filing Fees** (Filer must provide check # and fee amount if applicable)  
[If a state requires you to show how you calculated your filing fees, place that calculation below]

**Check #:**

**Amount:** \$50 Sent by EFT through SERFF

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

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**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

**(Do not refer to the body of the filing for the forms listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	RIC-2008-AR-190			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Equipment Breakdown Enhancement Endorsement	RPCP 72 20 10 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		





December 11, 2009

Arkansas Insurance Department  
Property & Casualty Division  
1200 W 3rd Street  
Little Rock, AR 72201-1904

**Riverport Insurance Company**

Line of Business: Commercial Property  
Form Filing

Human Services Program

**Company Filing Number: RIC-2008-AR-190**

NAIC Number: 098-36684

FEIN Number: 41-1654112

Riverport Insurance Company hereby submits a new form for Commercial Property coverage in its Human Services Program.

The purpose of this submission is to file a new endorsement RPCP 72 20 10 08, Equipment Breakdown Enhancement Endorsement. It provides optional Equipment Breakdown coverage to be made available in conjunction with the Building and Personal Property Coverage Form and the Causes of Loss - Special Form.

A final printed copy of the form is attached.

The filing fee is being transmitted by EFT through SERFF.

We propose an effective date for all new and renewal business effective on and after July 1, 2009, pending your approval of this filing.

Yours Truly,

A handwritten signature in cursive script that reads 'Teresa McClellan'.

Teresa McClellan, CPCU, ARM  
Product Development Analyst  
Riverport Insurance Company  
Telephone: 612-766-3337  
Toll Free: 888-762-3083  
FAX: 866-776-3504  
E-mail: [tmcclellan@riverportinsurance.com](mailto:tmcclellan@riverportinsurance.com)